

## EMPLOYEE'S OBJECTION TO WAGE TRANSCRIPT (DWC-31)

### General Instructions:

- Completed by: Employee.
- Time Frame: Employee must file this notice with DLT within two weeks of receipt of [Wage Transcript](#).
- Distribution: Original to Department of Labor and Training. DLT will notify Workers' Compensation Court.
- Attachments: None.

### Definitions:

- *PLEASE CHECK IF CORRECTION OF PRIOR REPORT:* Check if sending in an amended form.

#### 1. Employee Information:

- *SSN:* Employee's Social Security Number.
- *Name:* Employee's full name.
- *Address (including city, state, zip):* Employee's current mailing address.
- *Phone:* Employee's current home telephone number.

#### 2. Claim Information:

- *Employer:* Employer's actual name where the employee was employed at the time of the injury.
- *Insurance Co.:* Name of the worker's compensation insurer OR 'Self-Insured' if the company has been certified as self-insured by DLT.
- *Claim Administrator:* Name of the WC insurance carrier, third party administrator, or self-insured employer responsible for administering the claim.
- *Injury Date:* Date that the accident happened.
- *Incapacity Date:* First full day that the employee lost from work (include weekends and holidays).
- *Employee Signature/Date:* Signature of the employee and the date prepared.